



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PRESCRIPTION DRUG REPOSITORY PROGRAM
RECIPIENT IDENTIFICATION CARD

IDENTIFICATION CARD INSTRUCTIONS

Once the issuing pharmacy, hospital or nonprofit clinic has determined that the recipient is eligible to receive drugs from the program, enter the following information on the top portion and the card below and retain upper portion for your records.

NAME OF ISSUING PHARMACY, HOSPITAL OR NONPROFIT CLINIC

ADDRESS OF ISSUING PHARMACY, HOSPITAL OR NONPROFIT CLINIC

TELEPHONE NUMBER OF ISSUING PHARMACY, HOSPITAL OR NONPROFIT CLINIC

FULL NAME OF RECIPIENT

ADDRESS OF RECIPIENT

SOCIAL SECURITY NUMBER OF RECIPIENT

TELEPHONE NUMBER OF RECIPIENT (OPTIONAL)

DATE THE CARD WAS ISSUED

EXPIRATION DATE OF THE CARD (12 MONTHS OR LESS)

(RETAIN THIS PORTION)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PRESCRIPTION DRUG REPOSITORY PROGRAM
RECIPIENT IDENTIFICATION CARD

ISSUE DATE

EXPIRATION DATE

REPOSITORY SITE INFORMATION

NAME

ADDRESS

TELEPHONE

()

RECIPIENT INFORMATION

FULL NAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

TELEPHONE (OPTIONAL)

()

The recipient named above has been determined to be eligible to receive drugs from the Prescription Drug Repository Program.